As a healthcare provider, be sure to prepare your globe-trotting patients for travel by providing a quick pre-travel risk assessment, consultation, and care.

THINK TRAVEL:

- ▶ **Ask** your patients if they plan on any **international travel**.
- Make sure they are up-to-date on all **routine vaccines** before their trip.
- Depending on their planned destination, they may need additional **travel vaccines** or **medications**. **Think about**:
 - Hepatitis A

Rabies

Cholera

• Hepatitis B

- Yellow fever
- Meningococcal diseases

• Typhoid

- Japanese encephalitis
- Malaria

For destination-specific vaccine recommendations, search CDC's <u>Destinations page</u>.

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Travel-related Diseases	Transmission	Prevention Modalities: Vaccination, Medication, Consultation	
Hepatitis A	Contaminated food and water	 Vaccination (2-dose vaccine): Recommended for most travelers. Administer 2 doses, at least 6 months apart. At least 1 dose should be given before travel. Consultation: Advise patient to wash hands frequently and avoid unsafe food and water. 	
Hepatitis B	Sexual contact, contaminated needles and blood products, vertical transmission	 Vaccination (3-dose vaccine): Recommended for all non-immune travelers, but especially those who are traveling to a country with hepatitis B prevalence ≥2%. Administer doses at 0, 1, and 6 months. Accelerated schedule is available. Consultation: Advise patient to practice safe sex and avoid contaminated needles and blood products. 	
Typhoid	Contaminated food and water	 Vaccination (with oral or injectable vaccines): Recommended for travelers going to a country that is endemic for typhoid. Administer injectable vaccine at least 2 weeks before travel. Complete 4 doses of oral vaccine (taken 2 days apart) at least 10 days before travel. Consultation: Advise patient to wash hands frequently and avoid unsafe food and water. 	
Rabies	Saliva of infected animals	 Vaccination (3-dose vaccine): Consider offering vaccine to travelers to high-risk countries, who: Plan to spend a lot of time outdoors or in high-risk environments (such as adventure travelers or cavers). Will be handling animals (such as veterinarians, animal handlers, field biologists, or laboratory employees working with animal specimens). Are children who may be at higher risk because they are more likely to approach animals and less likely to report bites. Will be traveling to rural areas (because treatment might not be available). Begin vaccine series at least 21 days before travel. Administer doses at 0, 7, and 21 days or 28 days. Consultation: Advise patient to avoid contact with animals. The risk of rabies is extremely small for travelers who know the risk, have a plan for getting care if they are bitten, and have travel health insurance to pay for treatment (and, potentially, evacuation to an area where treatment is available). 	

Travel-related diseases	Transmission	Prevention modalities: vaccination, medication, consultation
Yellow fever	Mosquito bites	 Vaccination (single-dose vaccine): Recommended for travelers to certain parts of South America and Africa. Administer at least 10 days before planned arrival (this is an international country requirement). Find the nearest clinic for referrals. Consultation: Advise patient to avoid mosquitoes. Patient should also be advised to carry proof of vaccination (yellow card) when traveling to certain destinations that require yellow fever vaccination for entry.
Japanese encephalitis	Mosquito bites	 Vaccination (2-dose vaccine): Recommended for certain travelers to Asia and the western Pacific, including long-term travelers (i.e., trips lasting ≥1 month) to endemic areas during rainy season. Consider for the following groups: Short-term (<1 month) travelers to endemic areas during Japanese encephalitis virus transmission season if their itinerary or activities will increase their risk (e.g., spending substantial time outdoors in rural or agricultural areas, or staying in accommodations without air conditioning, screens, or bed nets). Travelers to an area with an ongoing outbreak of Japanese encephalitis. Travelers to endemic areas who are uncertain of specific activities or duration of travel. Administer doses at 0 and 28 days. An accelerated schedule of doses at 0 and 7 days has been approved. Ideally, complete vaccine series at least 1 week before travel. Consultation: Advise patient to avoid mosquitoes.
Cholera	Contaminated food and water	 Vaccination: Recommended for adults who are traveling to areas of active cholera transmission. Administer at least 10 days before travel. Consultation: Advise patient to wash hands frequently and avoid unsafe food and water.
Meningococcal disease	Person-to- person, oral and respiratory secretions	 Vaccination: Recommended for travelers to areas in the "meningitis belt" of sub-Saharan Africa, particularly during the dry season (December through June), when the disease is more common. Required for travelers to Saudi Arabia for the Hajj. See Saudi Arabia: Hajj/Umrah Pilgrimage for more information. Administer at least 10 days before travel. Consultation: Advise patient to wash hands often and avoid touching face and activities with risk of saliva exchange.
Malaria	Mosquito bites	 Vaccination: Consider malaria prophylaxis for travelers to areas with malaria transmission, which include parts of Africa, Latin America, parts of the Caribbean, South Asia, East Asia, the Middle East, Eastern Europe, and the South Pacific. Choosing a medication for prophylaxis must take into account the traveler's medical history and current medications, as well as malaria drug resistance in the area(s) of travel. Consultation: Advise patient to avoid mosquitoes. Advise pregnant women to avoid travel to areas with malaria transmission if possible.

Travelers may also need routine (non-travel) vaccines or boosters before travel, including influenza; measles, mumps, and rubella (MMR); tetanus (Td or Tdap); varicella; pneumococcus; and polio. Check CDC's <u>Destinations page</u> for country-specific vaccine recommendations.



